



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Jesse O. Schneringer, D.C.

Respondent Name

New Hampshire Insurance Company

MFDR Tracking Number

M4-17-2222-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

March 22, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Reimbursement should have been \$350 for determination of MMI and \$300 for the calculation of impairment."

Amount in Dispute: \$650.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "99456/W5 for MMI/IR exam should be billed with modifier WP, 26, TC. Denial is appropriate, as the provider did not bill appropriately. The provider needs to bill with the component modifier."

Response Submitted by: Gallagher Bassett

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 28, 2016	Designated Doctor Examination	\$650.00	\$650.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.204 sets out the fee guidelines for division-specific services performed from March 1, 2008 until September 1, 2016.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
 - 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

Is Jesse O. Schneringer, D.C. entitled to reimbursement for the disputed services? If so, how much?

Findings

Dr. Schneringer is seeking reimbursement of \$350.00 for a designated doctor examination to determine maximum medical improvement, represented by procedure code 99456-W5, and an examination to determine impairment rating, represented by procedure code 99456-W5-WP. New Hampshire Insurance Company denied these services with claim adjustment reason codes 4 – “The procedure code is inconsistent with the modifier used or a required modifier is missing,” and 16 – “Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.”

Billing and reimbursement for the services in question, performed on July 28, 2016, are subject to 28 Texas Administrative Code §134.204, which states in pertinent part:

- (i) Designated Doctors shall perform examinations in accordance with Labor Code §§408.004, 408.0041 and 408.151 and Division rules, and shall be billed and reimbursed as follows:
 - (A) Impairment caused by the compensable injury shall be billed and reimbursed in accordance with subsection (j) of this section, and the use of the additional modifier “W5” is the first modifier to be applied when performed by a designated doctor;
 - (B) Attainment of maximum medical improvement shall be billed and reimbursed in accordance with subsection (j) of this section, and the use of the additional modifier “W5” is the first modifier to be applied when performed by a designated doctor;

28 Texas Administrative Code §134.204(j)(2)(C) states:

Maximum Medical Improvement and/or Impairment Rating (MMI/IR) examinations shall be billed and reimbursed as follows:

- (C) If the examining doctor determines MMI has been reached and an IR evaluation is performed, both the MMI evaluation and the IR evaluation portions of the examination shall be billed and reimbursed in accordance with paragraphs (3) and (4) of this subsection.

Submitted documentation supports that Dr. Schneringer determined that the injured employee had reached MMI. 28 Texas Administrative Code §134.204(j)(3) states, “The following applies for billing and reimbursement of an MMI evaluation ... (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350.” The CMS 1500 submitted to the division supports that Dr. Schneringer billed using CPT Code 99456 with modifier “W5” for determination of MMI. The division concludes that New Hampshire Insurance Company’s denial of this service is not supported. Reimbursement of \$350.00 for this service is recommended.

Submitted documentation supports that Dr. Schneringer performed provided an impairment rating of the lumbar spine. 28 Texas Administrative Code §134.204(j)(4) states, in relevant part:

The following applies for billing and reimbursement of an IR evaluation.

- (A) The HCP shall include billing components of the IR evaluation with the applicable MMI evaluation CPT code. The number of body areas rated shall be indicated in the units column of the billing form.
- (B) ...
- (C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.
 - (i) Musculoskeletal body areas are defined as follows:
 - (I) spine and pelvis ...
 - (ii) The MAR for musculoskeletal body areas shall be as follows.
 - (I) \$150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4th edition is used.
 - (II) If full physical evaluation, with range of motion, is performed:

- (-a-) \$300 for the first musculoskeletal body area; and
- (-b-) \$150 for each additional musculoskeletal body area.
- (iii) If the examining doctor performs the MMI examination and the IR testing of the musculoskeletal body area(s), the examining doctor shall bill using the appropriate MMI CPT code with modifier "WP." Reimbursement shall be 100 percent of the total MAR.

The CMS 1500 submitted to the division supports that Dr. Schneringer billed using CPT Code 99456 with modifiers "W5" and "WP" for the determination of IR. The division concludes that New Hampshire Insurance Company's denial of this service is not supported. Reimbursement of \$300.00 for this service is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$650.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Sec. 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services in dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$650.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____ Signature	Laurie Garnes Medical Fee Dispute Resolution Officer	April 14, 2017 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.